

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Ret No. A-68104/DJB/RMS/DAV

Anticipated Classification of
this Application:

Class: Subclass:

Prior Application:

Examiner:

Art Unit:

"EXPRESS MAIL" MAILING LABEL

NUMBER EL270908288US

DATE OF DEPOSIT April 16, 1999

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING
DEPOSITED WITH THE UNITED STATES POSTAL SERVICE
"EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UN
37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS
ADDRESSED TO: BOX PATENT APPLICATION FEE, ASSISTAN
COMMISSIONER FOR PATENTS, WASHINGTON, DC 20231.

TYPED NAME Geody Domingo

SIGNED 

Box PATENT APPLICATION FEE

Assistant Commissioner for Patents
Washington, DC 20231

Sir:

This is a request for filing an

- ☐ Original
☐ Continuation
☐ Divisional
☒ Continuation-in-part

application under 37 C.F.R. 1.53(b), in the name of Joseph Fisher, James
Lorens, Donald Payan, Alexander Rossi (Names of ALL Applicants), for
Multiparameter FACS Assays to Detect Alterations in Cellular Parameters and
to Screen Small Molecule Libraries (Title of Invention).

1. (a) ☐ Enclosed is a new application.
(b) ☒ Enclosed is a continuation-in-part application.
(c) ☐ Enclosed is a copy of the prior application.
2. (a) ☐ Enclosed is a new Declaration.

A-68104/DJB/RMS

Form 1.16b (8069)

01/98

(b) ____ Enclosed is a copy of the prior executed Declaration as originally filed.

(c) ____ Enclosed is a Combined Declaration/Power of Attorney.

3. (a) ____ Enclosed is a Small Entity Affidavit.

(b) ____

4. ____ The filing fee is calculated below:

Claims as filed in the prior application, less any claims canceled by amendment below:

| | (Col. 1) NO. FILED | (Col. 2) NO. EXTRA | SMALL ENTITY | | OTHER THAN A SMALL ENTITY | | |
|----------------------------------------------------------------------|-----------------------|-----------------------|--------------|---------|------------------------------|--------|---------|
| FOR: | | | RATE | FEE | OR | RATE | FEE |
| BASIC FEE | | | | \$380 | OR | | \$ |
| TOTAL CLAIMS | ____ -20 = * | ____ | x 9 = | \$ ____ | OR | x 18 = | \$ ____ |
| INDEP CLAIMS | ____ -3 = * | ____ | x 39 = | \$ ____ | OR | x 78 = | \$ ____ |
| [] MULTIPLE DEPENDENT CLAIM PRESENTED | | | +130 = | \$ ____ | OR | +260 = | \$ ____ |
| *If the difference in Col. 1 is less than zero, enter "0" in Col. 2. | | | TOTAL | \$ ____ | OR | TOTAL | \$ ____ |

5. ____ The Commissioner is hereby authorized to charge any additional fees which may be required, including extension fees, or credit any overpayment to Deposit Account No. 06-1300 (Order No. A-).

6. ____ Our check in the amount of \$ ____ is enclosed.

7. ____ Cancel in this application original claims ____ of the prior application before calculating the filing fee. (At least one independent claim must be retained for filing purposes.)

8. ____ Amend the specification by inserting before the first line the sentence:

--This is a ____ continuation ____ division ____ continuation-in-part of application Serial No. ____ filed ____.

9. (a) X Informal drawings are enclosed, 11 sheets.

(b) ____ Formal drawings are enclosed, ____ sheets.

with the number next following the highest numbered original claim in the prior application.)

16. _____ A Prior Art Statement is enclosed.

17. _____ I hereby verify that the attached papers are a true duplicate of prior application Serial No. _____ as originally filed on _____.

Date: 4/16/99

Robin M. Silva

ROBIN M. SILVA

Registration No. 38,304

652940 029250

Address of Signer: _____

Attorney or agent of record

FLEHR HOHBACH TEST ALBRITTON

X Filed under Section 1.34(a)

& HERBERT LLP

Suite 3400, Four Embarcadero Center

San Francisco, CA 94111-4187

Telephone: (415) 781-1989